Freezer Temperature Log - F°

Required temperature range: between -58° and +5°

Facility Name:		_
Month/Year:	VFC PIN #:	

Record day of the week
and time

Record Initials, CURRENT, MIN, and MAX temperatures and circle if TOO WARM OR TOO COLD. Check if Alarm triggered

Take action if temperatures are too warm or too cold.

	•	•	•	•	•	•	•
Day of Month	Day of Week	Time	Initials	CURRENT	Alarm	MIN	MAX
Example M	3.6	8:00 a.m.	NN	-10.3		-20.2	-9.1
	M	4:00 p.m.	NN	2.4	✓	-9	6.2
		a.m.					
1		p.m.					
2		a.m.					
2		p.m.					
2		a.m.					
3		p.m.					
4		a.m.					
4		p.m.					
-		a.m.					
5		p.m.					
-		a.m.					
6		p.m.					
_		a.m.					
7		p.m.					
•		a.m.					
8		p.m.					
		a.m.					
9		p.m.					
		a.m.					
10		p.m.					
		a.m.					
11		p.m.					
		a.m.					
12	p.m.						
4.5		a.m.					
13		p.m.					
		a.m.					
14		p.m.					
		a.m.					
15		p.m.					

MIN/MAX TOO WARM OR TOO COLD?

- ✓ Store the vaccine at the appropriate temperature range
- ✓ Mark the vaccines as "Do Not Use" until vaccine viability is determined
- ✓ Contact manufacturer(s) to determine potency
- ✓ Pull any non-viable vaccine and process return
- ✓ Write the excursion date on viable vaccine
- ✓ Email the <u>Temperature</u>

 <u>Excursion Report</u>
 (found on
 Immunization Program
 website) to
 vaccinedepot@alaska.
 gov

IMMUNIZATION PROGRAM
THOGHAM

Certifying Provider

Review log and sign when completed. Keep logs and excursion reports for 3 years.

 $Icertify that temperatures\ recorded\ on\ this log\ are\ correct.\ All\ temperatures\ that\ were\ TOO\ WARM\ or\ TOO\ COLD\ are\ circled\ and\ corrective\ action\ was\ taken.$

Certifying Provider's Name & Signature:

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	•	•	•	•	•	•	•
Day of Month	Day of Week	Time	Initials	CURRENT	Alarm	MIN	MAX
	16	a.m.					
16		p.m.					
47		a.m.					
17		p.m.					
18		a.m.					
10		p.m.					
19		a.m.					
		p.m.					
20		a.m.					
		p.m.					
21		a.m.					
		p.m.					
22		a.m.					
		p.m.					
23		a.m.					
		p.m.					
24		a.m.					
		p.m.					
25		a.m.					
		p.m.					
26		a.m.					
		p.m.					
27		a.m.					
		p.m.					
28		a.m.			1		
		p.m.					
29	29	a.m.					
		p.m. a.m.					
30		p.m.			<u> </u>		
		a.m.					
31		p.m.					
		ρ.π.					

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Date: _

Certifying Provider

Certifying Provider's Name & Signature:

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